



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RIDOS BSD
24 FEB 20 AM 11:53:4

1. Entity ID Number 000128371		2. Exact name of the Corporation Meridian Printing, Inc.			
3. Principal Office Address 1538 South County Trail			City East Greenwich	State RI	Zip 02818
4. NAICS Code 999999		6. Brief description of the character of business conducted in Rhode Island To engage in the business of commercial printing and related activities			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert Nangle			Vice-President Name		
Street Address 1538 South County Trail			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
Secretary Name Steven G. Lee			Treasurer Name Robert Nangle		
Street Address 2 Burgis Lane			Street Address 1539 South County Trail		
City Guilford	State CT	Zip 06437	City East Greenwich	State RI	Zip 02818
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Robert Nangle			Director Name Steven G. Lee		
Street Address 1538 South County Trail			Street Address 2 Burgis Lane		
City East Greenwich	State RI	Zip 02818	City Guilford	State CT	Zip 06437
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1000	CWP	\$0.0100
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative Robert Nangle					Date
Signature of Authorized Representative <i>Robert Nangle</i>					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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